### Service Definition:
This evaluation is an integrated evaluation across a full range of life domains conducted with the consumer and his or her significant others which leads to the development of an effective, comprehensive, and individualized Service Plan. It is a thorough assessment of the consumer’s clinical and psychosocial needs and functional level. The H0031 (U8) for infants (0-3 years), for individuals with a primary issue of sexual offending, and for geriatric populations (65 and older) requires providers specialized in these areas to conduct this assessment. Core Service Agencies will use the H0031 (U8) as an assessment for complex consumers.

<table>
<thead>
<tr>
<th>Time Requirements</th>
<th>Finished product due within 7 calendar days of referral for an H0031.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source of Funding</td>
<td>CYFD, HSD-MAD, HSD-BHSD</td>
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<td></td>
<td>Note: Not all funding sources cover all populations.</td>
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<tr>
<td>Admission Criteria</td>
<td>See attached SMI Criteria Checklist and SED Criteria Checklist (can also be found on the Collaborative website <a href="http://www.bhc.state.nm.us">www.bhc.state.nm.us</a>)</td>
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### Program Requirements
The evaluation activities must include:
- Review of documentation of all relevant services which the consumer has received within the past three years. This may include discharge summaries, service summaries, or copies of clinical records.
- Collateral contacts (telephone, face to face, and/or written correspondence) with prior service providers and other systems who are involved with the consumer (e.g., protective services, juvenile and criminal justice, schools, etc.).
- Interviews with individuals identified by the consumer/family, as appropriate, who have directly observed the consumer’s functioning and behaviors in his/her natural environment (home, school, work, community). At least two different natural environments must be addressed.
- Face to face meeting(s) with the consumer.
- Face to face meeting(s) with the consumer’s significant others.
- A functional assessment using an instrument approved by the Behavioral Health Collaborative;
  - For children and youth, the approved instrument is the Child and Adolescent Functional Assessment Scale.
For adults, the functional assessment instrument used by the provider must be approved by the Behavioral Health Services Division of HSD.

For adults with substance abuse issues, the ASI-MV will be required.

The Evaluation, at a minimum, will include the following:

- Presenting problem -- including source of distress, precipitating events, associated problems or symptoms, and recent progressions of those symptoms
- Current functioning – as assessed with an approved functional assessment instrument
- Mental status – an exam addressing:
  - Appearance, attitude and behavior
  - Orientation to person, place, time, and date
  - Affect and mood
  - Thought content/processes including
    - Fund of knowledge
    - Intelligence
    - Cognitive processes
    - Memory
  - Insight
  - Judgment; and
  - Homicidal/suicidal risk
- Current and historical life narrative including, as applicable:
  - Age
  - Gender
  - School/education history including current level of functioning and current IEP
  - Employment/occupational history
  - Legal involvement, including Protective Services, Juvenile Justice, adult or juvenile probation and parole, corrections, etc.
  - Family history
  - History of abuse (including trauma survivor issues, physical, psychological, sexual, emotional abuse, and whether the recipient was a victim or a perpetrator of said abuse)
  - Relationships including natural supports
  - Living environment including where, with whom, how long, housing stability, and where appropriate, homelessness
  - Activities of Daily Living (ADL)
  - Employment
  - Other relevant life domains
- Physical health history and current status including nutrition, identified PCP, medication allergies, adverse reactions and medication failures
- Behavioral Health medication use profile including effectiveness of current and previously used medications
- Use of alcohol, tobacco, and/or other illicit or prescribed drugs and previous treatment interventions
- Risky behaviors (e.g., unprotected sex, run away, etc)
- Factors that have contributed to or inhibited previous recovery efforts to include what has worked, what has not worked, and barriers to recovery
- Strengths of the consumer, for example:
Interpersonal
- Community
- Educational
- Spiritual /religious
- Talents / interests

- Strengths of the family/caregiver or significant other (when appropriate):
  - Supervision
  - Involvement
  - Knowledge of child or adult
  - Organizational skills/structure
  - Social resources
  - Stability

- Natural supports available to the consumer and family
- Issues important to the consumer, for example:
  - Cultural background
  - Spiritual beliefs
  - Sexual orientation

- Consumer/family identified needs;
- Need for, and availability of, social supports
- Information needed for development of advanced directives (as indicated), recovery plan and crisis/safety plan.

The evaluation must culminate in the development of a written Summary. The Summary is written to synthesize, evaluate, integrate, and interpret the information gathered. The Summary identifies and prioritizes the consumer’s needs and preferences, verifies and/or expands upon the 90801(if applicable) diagnosis (current within the last year), provides an evaluation of the effectiveness of past interventions, and recommends the objectives, interventions, services and supports to be considered in the initial service planning process.

Based on the information collected in the Evaluation, the Summary must include:

a. Summary of present illness, including co-occurring disorders
b. Results of the Functional Assessment, including a description of the functional limitations related to the illness that impede progress towards achieving recovery and resiliency goals
c. Results of any other instruments used in the assessment
d. List of individuals interviewed including location
e. Any barriers to assessment or issues needing further investigation
f. The consumer’s strengths and needs in each of the life domains.
g. The consumer’s preferences in services (cultural, location, etc)
h. The consumer’s identified prioritization of service objectives and interventions
i. The clinicians recommendations regarding prioritization of service objectives and interventions if different from above
j. Remarkable features from any aspect of the assessment including mental status, risk factors, etc.
k. Summary of baseline functioning
l. Current medications and remarkable medical features
m. Potential barriers to service (e.g., transportation, cultural barriers, etc)
n. Clinical Formulation
o. DSM diagnosis, axes I-V
| p. Discharge/disposition issues (housing, supports, medication, etc)  
| q. Any urgent or potentially urgent issues requiring an initial crisis plan  

### Provider Requirements

Providers identified below may bill for this code:
- Core Service Agencies credentialed by the appropriate state or federal agency/department

### Staffing Requirements

DSM diagnosis and clinical formulation must be supervised by a licensed:
- Psychiatrist;
- LPCC;
- LISW;
- LMFT;
- Psychologist; or,
- CNS, with psychiatric certification.

The Evaluation must be completed by practitioner(s) operating within the scope of their license as provided in the respective New Mexico Practice Acts.

### Documentation Requirements

- Documentation citing consumer meets admission criteria
- Copy of 90801, if one has been done within the last year
- A Disciplinary Evaluation Summary, including all elements specified above under Program Requirements
- Any additional documentation of required activities and required assessment domains (see Program Requirements above) not included in the Comprehensive Multi-Disciplinary Evaluation Summary
- All documentation needs to be typed (or legible) with practitioner credential associated with signature

Note: Any requirements of this service definition that cannot be met due to the nature of the consumer’s current life circumstances must be clearly documented.

### Service Exclusions

One billing is allowed, per consumer per year.

This service may not be billed in conjunction with:
- Assertive Community Treatment (ACT)
- Multi-Systemic Therapy (MST)

### Admission/Service Criteria

### Continuing Service Criteria

### Discharge Criteria

### Service Authorization Period

### Service Authorization Unit

### Benefit Limits